

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: TN
APPLICATION YEAR: 2010

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FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: TN

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 3,493,502 (30%)

B.Children with special health care needs:

\$ 3,493,502 (30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 1,164,500 (10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 11,645,007

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 3,500,000

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 13,250,000

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 5,800,900

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 13,125,024

\$ 19,050,900

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 34,195,907

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 93,763

c. CISS: \$ 100,000

d. Abstinence Education: \$ 993,844

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

Family Planning \$ 6,534,877

Newborn Hearing \$ 150,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 7,872,484

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 42,068,391

FORM NOTES FOR FORM 2

Estimated amount provided by the Department of Health and Human Services.

FIELD LEVEL NOTES

1. **Section Number:** Form2_Main
Field Name: FedAlloc
Row Name: Federal Allocation
Column Name:
Year: 2010
Field Note:
Estimated amount provided by the Department of Health and Human Services.
Amount is estimated.
2. **Section Number:** Form2_Main
Field Name: FedAlloc_PPCC
Row Name: Federal Allocation - Preventive and primary care for children
Column Name:
Year: 2010
Field Note:
Amount is estimated.
3. **Section Number:** Form2_Main
Field Name: FedAlloc_CSHCN
Row Name: Federal Allocation - Children with special health care needs
Column Name:
Year: 2010
Field Note:
Amount is estimated.
4. **Section Number:** Form2_Main
Field Name: FedAlloc_Admin
Row Name: Federal Allocation - Title V Administrative costs
Column Name:
Year: 2010
Field Note:
Amount is estimated.
5. **Section Number:** Form2_Main
Field Name: UnobligatedBalance
Row Name: Unobligated Balance
Column Name:
Year: 2010
Field Note:
Amount is estimated.
6. **Section Number:** Form2_Main
Field Name: StateMCHFunds
Row Name: State MCH Funds
Column Name:
Year: 2010
Field Note:
Amount is estimated.
7. **Section Number:** Form2_Main
Field Name: LocalMCHFunds
Row Name: Local MCH Funds
Column Name:
Year: 2010
Field Note:
Amount is estimated.
8. **Section Number:** Form2_Main
Field Name: OtherFunds
Row Name: Other Funds
Column Name:
Year: 2010
Field Note:
Amount is estimated.
9. **Section Number:** Form2_Main
Field Name: ProgramIncome
Row Name: Program Income
Column Name:
Year: 2010
Field Note:
Amount is estimated.
10. **Section Number:** Form2_Main
Field Name: SSDI
Row Name: Other Federal Funds - SSDI
Column Name:
Year: 2010
Field Note:
Amount is estimated.
11. **Section Number:** Form2_Main
Field Name: CISS
Row Name: Other Federal Funds - CISS
Column Name:
Year: 2010
Field Note:
ECCS program.
Amount is estimated.
12. **Section Number:** Form2_Main

Field Name: AbsEducation
Row Name: Other Federal Funds - Abstinence Education
Column Name:
Year: 2010
Field Note:
Amount is estimated.

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: TN

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,693,368	\$ 15,592,430	\$ 12,349,717	\$ 10,888,584	\$ 11,855,000	\$ 14,682,820
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 9,000,000	\$ 0	\$ 9,000,000	\$ 0	\$ 7,500,000	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 13,450,000	\$ 13,250,000	\$ 13,250,000	\$ 13,300,000	\$ 13,250,000	\$ 13,325,000
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 6,000,000	\$ 6,682,000	\$ 5,000,000	\$ 5,128,306	\$ 6,682,000	\$ 5,371,883
7. Subtotal <i>(Line8, Form 2)</i>	\$ 41,143,368	\$ 35,524,430	\$ 39,599,717	\$ 29,316,890	\$ 39,287,000	\$ 33,379,703
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 9,040,314	\$ 8,503,000	\$ 8,642,989	\$ 9,545,574	\$ 8,250,000	\$ 7,742,714
9. Total <i>(Line11, Form 2)</i>	\$ 50,183,682	\$ 44,027,430	\$ 48,242,706	\$ 38,862,464	\$ 47,537,000	\$ 41,122,417
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: TN

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 11,855,578	\$ 9,502,319	\$ 11,658,473	\$	\$ 11,645,007	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 7,500,000	\$ 0	\$ 5,000,000	\$	\$ 3,500,000	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 13,300,000	\$ 13,250,000	\$ 13,325,000	\$	\$ 13,250,000	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 5,128,300	\$ 5,800,931	\$ 5,371,900	\$	\$ 5,800,900	\$
7. Subtotal <i>(Line8, Form 2)</i>	\$ 37,783,878	\$ 28,553,250	\$ 35,355,373	\$ 0	\$ 34,195,907	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 8,177,027	\$ 7,122,906	\$ 6,557,014	\$	\$ 7,872,484	\$
9. Total <i>(Line11, Form 2)</i>	\$ 45,960,905	\$ 35,676,156	\$ 41,912,387	\$ 0	\$ 42,068,391	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

The expended is based on true expenditures.

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2008
Field Note:
The expended is based on true expenditures.
2. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2007
Field Note:
The expended amount is based on true expenditures.
3. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2008
Field Note:
The difference in Expended amount will be used prior to the grant deadline.
4. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2007
Field Note:
The expended amount is based on true expenditures
5. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2008
Field Note:
The expended is based on true expenditures.
6. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2007
Field Note:
The expended amount is based on true expenditures
7. **Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2007
Field Note:
The expended amount is based on true expenditures
8. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2007
Field Note:
The expended amount is based on true expenditures
9. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2008
Field Note:
The expended is based on true expenditures.
10. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2007
Field Note:
The expended amount is based on true expenditures
11. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2008
Field Note:
The expended is based on true expenditures.
12. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds

Column Name: Expended
Year: 2007
Field Note:
The expended amount is based on true expenditures

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: TN

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 2,674,319	\$ 761,686	\$ 2,534,382	\$ 938,140	\$ 864,314	\$ 1,134,910
b. Infants < 1 year old	\$ 5,718,928	\$ 4,231,587	\$ 5,623,160	\$ 3,254,175	\$ 4,360,857	\$ 3,805,286
c. Children 1 to 22 years old	\$ 12,055,007	\$ 16,474,979	\$ 13,345,105	\$ 8,868,109	\$ 18,582,751	\$ 12,327,096
d. Children with Special Healthcare Needs	\$ 8,187,530	\$ 6,015,014	\$ 6,929,950	\$ 6,395,177	\$ 6,560,929	\$ 4,729,932
e. Others	\$ 9,915,552	\$ 6,742,329	\$ 9,781,130	\$ 9,029,602	\$ 7,503,817	\$ 10,280,949
f. Administration	\$ 2,592,032	\$ 1,298,835	\$ 1,385,990	\$ 831,687	\$ 1,414,332	\$ 1,101,530
g. SUBTOTAL	\$ 41,143,368	\$ 35,524,430	\$ 39,599,717	\$ 29,316,890	\$ 39,287,000	\$ 33,379,703
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 50,000		\$ 0		\$ 100,000	
d. Abstinence Education	\$ 1,014,610		\$ 993,367		\$ 993,000	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
CHAD	\$ 717,300		\$ 717,336		\$ 717,000	
New Born Hearing	\$ 0		\$ 0		\$ 150,000	
Title X F. P.	\$ 0		\$ 0		\$ 6,190,000	
CISS-SECCS	\$ 100,000		\$ 100,000		\$ 0	
Family Planning	\$ 6,020,208		\$ 5,979,357		\$ 0	
Hearing Screening	\$ 148,196		\$ 150,000		\$ 0	
Lead	\$ 890,000		\$ 602,929		\$ 0	
III. SUBTOTAL	\$ 9,040,314		\$ 8,642,989		\$ 8,250,000	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: TN

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,209,084	\$ 856,598	\$ 1,202,083	\$	\$ 1,025,877	\$
b. Infants < 1 year old	\$ 4,194,011	\$ 3,397,837	\$ 4,030,513	\$	\$ 4,069,313	\$
c. Children 1 to 22 years old	\$ 11,320,907	\$ 11,784,055	\$ 13,047,012	\$	\$ 13,813,306	\$
d. Children with Special Healthcare Needs	\$ 8,236,885	\$ 3,144,199	\$ 5,020,463	\$	\$ 3,761,550	\$
e. Others	\$ 11,637,434	\$ 8,651,635	\$ 10,889,455	\$	\$ 10,361,360	\$
f. Administration	\$ 1,185,557	\$ 718,926	\$ 1,165,847	\$	\$ 1,164,501	\$
g. SUBTOTAL	\$ 37,783,878	\$ 28,553,250	\$ 35,355,373	\$ 0	\$ 34,195,907	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 93,763		\$ 93,763	
c. CISS	\$ 100,000		\$ 100,000		\$ 100,000	
d. Abstinence Education	\$ 993,368		\$ 0		\$ 993,844	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Family Planning	\$ 6,121,679		\$ 6,213,251		\$ 6,534,877	
Newborn Hearing	\$ 150,000		\$ 150,000		\$ 150,000	
CHAD	\$ 717,336		\$ 0		\$ 0	
III. SUBTOTAL	\$ 8,177,027		\$ 6,557,014		\$ 7,872,484	

FORM NOTES FOR FORM 4

Budget amount is estimated.
Expended amount is true expenditures.

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2009
Field Note:
Amount is estimated.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2008
Field Note:
Expended amount is true expenditures.
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2007
Field Note:
Actual expended amount.
7. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
8. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2009
Field Note:
Amount is estimated.
9. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.
10. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.
11. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2008
Field Note:
Expended amount is true expenditures.
12. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended

- Row Name:** Infants <1 year old
Column Name: Expended
Year: 2007
Field Note:
 Actual expended amount.
13. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2010
Field Note:
 Budget amount is estimated.
14. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2009
Field Note:
 Amount is estimated.
15. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2008
Field Note:
 Budget amount is estimated.
16. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2007
Field Note:
 Budgeted amount was estimated.
17. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2008
Field Note:
 Expended amount is true expenditures.
18. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2007
Field Note:
 Actual expended amount.
19. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2010
Field Note:
 Budget amount is estimated.
20. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2009
Field Note:
 Amount is estimated.
21. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2008
Field Note:
 Budget amount is estimated.
22. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2007
Field Note:
 Budgeted amount was estimated.
23. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2008
Field Note:
 Expended amount is true expenditures.
24. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended

Row Name: CSHCN
Column Name: Expended
Year: 2007
Field Note:
Actual expended amount.

25. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
26. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2009
Field Note:
Amount is estimated.
27. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.
28. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.
29. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2008
Field Note:
Expended amount is true expenditures.
30. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2007
Field Note:
Actual expended amount.
31. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
32. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2009
Field Note:
Amount is estimated.
33. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.
34. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.
35. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2008
Field Note:
Expended amount is true expenditures.
36. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended

Row Name: Administration
Column Name: Expended
Year: 2007
Field Note:
Actual expended amount.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: TN

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 29,787,798	\$ 25,719,687	\$ 28,670,195	\$ 21,225,428	\$ 28,443,788	\$ 24,166,905
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 4,772,631	\$ 4,120,834	\$ 4,593,567	\$ 3,400,759	\$ 4,557,292	\$ 3,872,046
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,456,043	\$ 2,984,052	\$ 3,326,376	\$ 2,462,619	\$ 3,300,108	\$ 2,803,895
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 3,126,896	\$ 2,699,857	\$ 3,009,579	\$ 2,228,084	\$ 2,985,812	\$ 2,536,857
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 41,143,368	\$ 35,524,430	\$ 39,599,717	\$ 29,316,890	\$ 39,287,000	\$ 33,379,703

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: TN

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 27,355,528	\$ 21,700,470	\$ 25,597,290	\$	\$ 25,988,889	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 4,382,930	\$ 3,609,131	\$ 4,101,224	\$	\$ 4,322,363	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,173,846	\$ 1,324,871	\$ 2,969,851	\$	\$ 1,586,690	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,871,574	\$ 1,918,778	\$ 2,687,008	\$	\$ 2,297,965	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 37,783,878	\$ 28,553,250	\$ 35,355,373	\$ 0	\$ 34,195,907	\$ 0

FORM NOTES FOR FORM 5

Budget amount is estimated.
Expended amount is true expenditures.
The difference in expended amount will be used prior to the grant deadline.

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
2. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2009
Field Note:
Budgeted amount is estimated.
3. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated
4. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.
5. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2008
Field Note:
Expended amount is true expenditures.
6. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2007
Field Note:
Expended amount was actual amount.
7. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
8. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2009
Field Note:
Budgeted amount is estimated.
9. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2008
Field Note:
Budgeted amount is estimated.
10. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.
11. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
Expended amount is true expenditures.
12. **Section Number:** Form5_Main

- Field Name:** EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
 Expended amount was actual amount
13. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2010
Field Note:
 Budget amount is estimated.
14. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2009
Field Note:
 Budgeted amount is estimated.
15. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2008
Field Note:
 Budget amount is estimated.
16. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2007
Field Note:
 Budgeted amount was estimated.
17. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
 Expended amount is true expenditures.
18. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2007
Field Note:
 Expended amount was actual amount
19. **Section Number:** Form5_Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2010
Field Note:
 Budget amount is estimated.
20. **Section Number:** Form5_Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2009
Field Note:
 Budgeted amount is estimated.
21. **Section Number:** Form5_Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2008
Field Note:
 Budget amount is estimated.
22. **Section Number:** Form5_Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2007
Field Note:
 Budgeted amount was estimated.
23. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2008
Field Note:
 Expended amount is true expenditures.
24. **Section Number:** Form5_Main

Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2007
Field Note:
Expended amount was actual amount

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
<small>Sect. 506(a)(2)(B)(iii)</small>						
STATE: TN						
Total Births by Occurrence: <u>86,661</u>				Reporting Year: 2007		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria						
Congenital Hypothyroidism	86,661	100	343	48	48	100
Galactosemia	86,661	100	104	26	26	100
Sickle Cell Disease						
Other Screening (Specify)						
Biotinidase Deficiency	86,661	100	10	3	3	100
Congenital Adrenal Hyperplasia	86,661	100	1,101	3	3	100
Hemoglobinopathies	86,661	100	223	65	65	100
Amino Acidemias	86,661	100	674	8	8	100
Fatty/Organic Acidemias	86,661	100	586	11	11	100
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

Data source is the newborn screening database, State of Tennessee Birth master files.
Sickle cell screening is included in Hemoglobinopathies.
Phenylketouria screening is included in Amino Acidemias
2008 Data are currently not final.

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main

Field Name: BirthOccurence

Row Name: Total Births By Occurence

Column Name: Total Births By Occurence

Year: 2010

Field Note:

Data report is from the 2007 birth files and 2008 birth files is currently not completed.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: TN

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	14,673	25.2	0.0	0.4	74.0	0.4
Infants < 1 year old	86,661	40.1	0.0	0.2	59.7	0.0
Children 1 to 22 years old	259,614	39.5	0.0	0.8	59.7	0.1
Children with Special Healthcare Needs	8,224	29.3	0.0	1.6	69.1	0.0
Others	147,911	16.7	0.0	1.0	82.0	0.3
TOTAL	517,083					

FORM NOTES FOR FORM 7

Number of individuals served is from the local health department data system for local clinics and newborn screening follow-up.

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: TN

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	85,443	57,835	18,115	0	0	0	0	9,493
Title V Served	58,358	44,053	12,563	91	335	29	0	1,287
Eligible for Title XIX	58,358	44,053	12,563	91	335	29	0	1,287
INFANTS								
Total Infants in State	80,470	60,727	17,857	0	0	0	0	1,886
Title V Served	58,358	44,053	12,563	91	335	29	0	1,287
Eligible for Title XIX	58,358	44,053	12,563	91	335	29	0	1,287

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	77,281	8,032	0	0	0	0	0	130
Title V Served	49,841	7,230	0	0	0	0	0	1,287
Eligible for Title XIX	49,841	7,230	0	0	0	0	0	1,287
INFANTS								
Total Infants in State	76,515	3,955	0	0	0	0	0	0
Title V Served	49,841	7,230	0	0	0	0	0	1,287
Eligible for Title XIX	49,841	7,230	0	0	0	0	0	1,287

FORM NOTES FOR FORM 8

Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
2. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_White
Row Name: Total Deliveries in State
Column Name: White
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
3. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Black
Row Name: Total Deliveries in State
Column Name: Black or African American
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
4. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Indian
Row Name: Total Deliveries in State
Column Name: American Indian or Native American
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
5. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Asian
Row Name: Total Deliveries in State
Column Name: Asian
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
6. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Hawaiian
Row Name: Total Deliveries in State
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
7. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_More
Row Name: Total Deliveries in State
Column Name: More Than One Race Reported
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
8. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_RaceOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
9. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
10. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_White

- Row Name:** Title V Served
Column Name: White
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only
 Total Infants: 2008 Population estimates (2008 Series)
 Data was not reported with any specific National origin but only as ethnicity
11. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Black
Row Name: Title V Served
Column Name: Black or African American
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only
 Total Infants: 2008 Population estimates (2008 Series)
 Data was not reported with any specific National origin but only as ethnicity
12. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Indian
Row Name: Title V Served
Column Name: American Indian or Native American
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only
 Total Infants: 2008 Population estimates (2008 Series)
 Data was not reported with any specific National origin but only as ethnicity
13. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Asian
Row Name: Title V Served
Column Name: Asian
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only
 Total Infants: 2008 Population estimates (2008 Series)
 Data was not reported with any specific National origin but only as ethnicity
14. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Hawaiian
Row Name: Title V Served
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only
 Total Infants: 2008 Population estimates (2008 Series)
 Data was not reported with any specific National origin but only as ethnicity
15. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_More
Row Name: Title V Served
Column Name: More Than One Race Reported
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only
 Total Infants: 2008 Population estimates (2008 Series)
 Data was not reported with any specific National origin but only as ethnicity
16. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_RaceOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only
 Total Infants: 2008 Population estimates (2008 Series)
 Data was not reported with any specific National origin but only as ethnicity
17. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only
 Total Infants: 2008 Population estimates (2008 Series)
 Data was not reported with any specific National origin but only as ethnicity
18. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_White
Row Name: Eligible for Title XIX
Column Name: White
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only
 Total Infants: 2008 Population estimates (2008 Series)
 Data was not reported with any specific National origin but only as ethnicity
19. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Black
Row Name: Eligible for Title XIX
Column Name: Black or African American
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only

Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity

20. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Indian
Row Name: Eligible for Title XIX
Column Name: American Indian or Native American
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
21. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Asian
Row Name: Eligible for Title XIX
Column Name: Asian
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
22. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
23. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_More
Row Name: Eligible for Title XIX
Column Name: More Than One Race Reported
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
24. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_RaceOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
25. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
26. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_White
Row Name: Total Infants in State
Column Name: White
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
27. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_Black
Row Name: Total Infants in State
Column Name: Black or African American
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
28. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_Indian
Row Name: Total Infants in State
Column Name: American Indian or Native American
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
29. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_Asian

- Row Name:** Total Infants in State
Column Name: Asian
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
30. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_Hawaiian
Row Name: Total Infants in State
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
31. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_More
Row Name: Total Infants in State
Column Name: More Than One Race Reported
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
32. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_RaceOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
33. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
34. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_White
Row Name: Title V Served
Column Name: White
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
35. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_Black
Row Name: Title V Served
Column Name: Black or African American
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
36. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_Indian
Row Name: Title V Served
Column Name: American Indian or Native American
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
37. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_Asian
Row Name: Title V Served
Column Name: Asian
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
38. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_Hawaiian
Row Name: Title V Served
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only

Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity

39. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_More
Row Name: Title V Served
Column Name: More Than One Race Reported
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
40. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_RaceOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
41. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
42. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_White
Row Name: Eligible for Title XIX
Column Name: White
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
43. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Black
Row Name: Eligible for Title XIX
Column Name: Black or African American
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
44. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Indian
Row Name: Eligible for Title XIX
Column Name: American Indian or Native American
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
45. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Asian
Row Name: Eligible for Title XIX
Column Name: Asian
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
46. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
47. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_More
Row Name: Eligible for Title XIX
Column Name: More Than One Race Reported
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
Data was not reported with any specific National origin but only as ethnicity
48. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_RaceOther

- Row Name:** Eligible for Title XIX
Column Name: Other and Unknown
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only
 Total Infants: 2008 Population estimates (2008 Series)
 Data was not reported with any specific National origin but only as ethnicity
49. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalNotHispanic
Row Name: Total Deliveries in State
Column Name: Total Not Hispanic or Latino
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only
 Total Infants: 2008 Population estimates (2008 Series)
50. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalHispanic
Row Name: Total Deliveries in State
Column Name: Total Hispanic or Latino
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only
 Total Infants: 2008 Population estimates (2008 Series)
51. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_NotReported
Row Name: Total Deliveries in State
Column Name: Ethnicity Not Reported
Year: 2010
Field Note:
 Data was not reported with any specific National origin but only as ethnicity.
52. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_Mexican
Row Name: Total Deliveries in State
Column Name: Mexican
Year: 2010
Field Note:
 Data was not reported with any specific National origin but only as ethnicity
53. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_Cuban
Row Name: Total Deliveries in State
Column Name: Cuban
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only
 Total Infants: 2008 Population estimates (2008 Series)
 Data was not reported with any specific National origin but only as ethnicity
54. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_PuertoRican
Row Name: Total Deliveries in State
Column Name: Puerto Rican
Year: 2010
Field Note:
 Data was not reported with any specific National origin but only as ethnicity
55. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_CentralAmerican
Row Name: Total Deliveries in State
Column Name: Central and South American
Year: 2010
Field Note:
 Data was not reported with any specific National origin but only as ethnicity
56. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_EthnicityOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only
 Total Infants: 2008 Population estimates (2008 Series)
57. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only
 Total Infants: 2008 Population estimates (2008 Series)
58. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2010
Field Note:
 Total Deliveries: 2008 Provisional Birthmaster, TN residents only
 Total Infants: 2008 Population estimates (2008 Series)
59. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_NotReported

Row Name: Title V Served

Column Name: Ethnicity Not Reported

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

60. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_Mexican

Row Name: Title V Served

Column Name: Mexican

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

61. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_Cuban

Row Name: Title V Served

Column Name: Cuban

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

62. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_PuertoRican

Row Name: Title V Served

Column Name: Puerto Rican

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

63. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_CentralAmerican

Row Name: Title V Served

Column Name: Central and South American

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

64. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_EthnicityOther

Row Name: Title V Served

Column Name: Other and Unknown

Year: 2010

Field Note:

Total Deliveries: 2008 Provisional Birthmaster, TN residents only

Total Infants: 2008 Population estimates (2008 Series)

Data was not reported with any specific National origin but only as ethnicity

65. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2010

Field Note:

Total Deliveries: 2008 Provisional Birthmaster, TN residents only

Total Infants: 2008 Population estimates (2008 Series)

66. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2010

Field Note:

Total Deliveries: 2008 Provisional Birthmaster, TN residents only

Total Infants: 2008 Population estimates (2008 Series)

67. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_NotReported

Row Name: Eligible for Title XIX

Column Name: Ethnicity Not Reported

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

68. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_Mexican

Row Name: Eligible for Title XIX

Column Name: Mexican

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

69. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_Cuban

Row Name: Eligible for Title XIX

Column Name: Cuban

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

70. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_PuertoRican

Row Name: Eligible for Title XIX

Column Name: Puerto Rican

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

71. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_CentralAmerican

Row Name: Eligible for Title XIX

Column Name: Central and South American

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

72. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_EthnicityOther

Row Name: Eligible for Title XIX

Column Name: Other and Unknown

Year: 2010

Field Note:

Total Deliveries: 2008 Provisional Birthmaster, TN residents only

Total Infants: 2008 Population estimates (2008 Series)

Data was not reported with any specific National origin but only as ethnicity

73. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_TotalNotHispanic

Row Name: Total Infants in State

Column Name: Total Not Hispanic or Latino

Year: 2010

Field Note:

Total Deliveries: 2008 Provisional Birthmaster, TN residents only

Total Infants: 2008 Population estimates (2008 Series)

74. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_TotalHispanic

Row Name: Total Infants in State

Column Name: Total Hispanic or Latino

Year: 2010

Field Note:

Total Deliveries: 2008 Provisional Birthmaster, TN residents only

Total Infants: 2008 Population estimates (2008 Series)

75. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_NotReported

Row Name: Total Infants in State

Column Name: Ethnicity Not Reported

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

76. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_Mexican

Row Name: Total Infants in State

Column Name: Mexican

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

77. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_Cuban

Row Name: Total Infants in State

Column Name: Cuban

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

78. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_PuertoRican

Row Name: Total Infants in State

Column Name: Puerto Rican

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

79. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_CentralAmerican

Row Name: Total Infants in State

Column Name: Central and South American

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

80. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_EthnicityOther

Row Name: Total Infants in State

Column Name: Other and Unknown

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

81. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalNotHispanic

Row Name: Title V Served

Column Name: Total Not Hispanic or Latino

Year: 2010

Field Note:

Total Deliveries: 2008 Provisional Birthmaster, TN residents only

Total Infants: 2008 Population estimates (2008 Series)

82. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
83. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_NotReported
Row Name: Title V Served
Column Name: Ethnicity Not Reported
Year: 2010
Field Note:
Data was not reported with any specific National origin but only as ethnicity
84. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_Mexican
Row Name: Title V Served
Column Name: Mexican
Year: 2010
Field Note:
Data was not reported with any specific National origin but only as ethnicity
85. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_Cuban
Row Name: Title V Served
Column Name: Cuban
Year: 2010
Field Note:
Data was not reported with any specific National origin but only as ethnicity
86. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_PuertoRican
Row Name: Title V Served
Column Name: Puerto Rican
Year: 2010
Field Note:
Data was not reported with any specific National origin but only as ethnicity
87. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2010
Field Note:
Data was not reported with any specific National origin but only as ethnicity
88. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
89. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
90. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2010
Field Note:
Total Deliveries: 2008 Provisional Birthmaster, TN residents only
Total Infants: 2008 Population estimates (2008 Series)
91. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_NotReported
Row Name: Eligible for Title XIX
Column Name: Ethnicity Not Reported
Year: 2010
Field Note:
Data was not reported with any specific National origin but only as ethnicity
92. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_Mexican
Row Name: Eligible for Title XIX
Column Name: Mexican
Year: 2010
Field Note:
Data was not reported with any specific National origin but only as ethnicity
93. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_Cuban
Row Name: Eligible for Title XIX
Column Name: Cuban

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

94. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_PuertoRican

Row Name: Eligible for Title XIX

Column Name: Puerto Rican

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

95. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_CentralAmerican

Row Name: Eligible for Title XIX

Column Name: Central and South American

Year: 2010

Field Note:

Data was not reported with any specific National origin but only as ethnicity

96. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_EthnicityOther

Row Name: Eligible for Title XIX

Column Name: Other and Unknown

Year: 2010

Field Note:

Total Deliveries: 2008 Provisional Birthmaster, TN residents only

Total Infants: 2008 Population estimates (2008 Series)

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: TN

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 428-2229	(800) 428-2229	(800) 428-2229	(800) 428-2229	(800) 428-2229
2. State MCH Toll-Free "Hotline" Name	TN Baby Line	TN Baby Line	TN Baby Line	Tn Baby Line	TN Baby Line
3. Name of Contact Person for State MCH "Hotline"	Deana Vaughn	Deana vaughn	Deana Vaughn	Deana Vaughn	Deana Vaughn
4. Contact Person's Telephone Number	(615) 741-0370	(615) 741-0370	(615) 741-0370	(615) 741-0370	(615) 741-0370
5. Contact Person's Email	Deana.Vaughn@tn.gov				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	22	18	77

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: TN

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: TN

1. State MCH Administration:
(max 2500 characters)

Maternal and Child Health, within the Bureau of Health Services in the Tennessee Department of Health, consists of two sections. (1) Child and Adolescent Health - Abstinence Education, SIDS, Early Childhood Comprehensive Systems, Child Fatality Review, Fetal-Infant Mortality Review, Child Care Resource and Referral Centers, Childhood Lead Poisoning Prevention, services for CSHCN (called Children's Special Services and includes medical and other health needs and care coordination/case management). (2) The Women's Health/Genetics section includes comprehensive family planning services, prenatal care, adolescent pregnancy prevention, perinatal regionalization, women's health, newborn screening follow-up, newborn hearing screening follow-up, and the network of the genetics and sickle cell centers.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 11,645,007
3. Unobligated balance (Line 2, Form 2)	\$ 3,500,000
4. State Funds (Line 3, Form 2)	\$ 13,250,000
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 5,800,900
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 34,195,907

9. Most significant providers receiving MCH funds:

Rural and Metro Health Department
Genetics and Sickle Cell Centers
Community-Based Agencies
Teaching Hospitals

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	14,673
b. Infants < 1 year old	86,661
c. Children 1 to 22 years old	259,614
d. CSHCN	8,224
e. Others	147,911

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Direct services, provided statewide through health department clinics and nonprofit agencies, include pregnancy testing, family planning, nutrition services, immunizations and well child visits, EPSDT screening, follow-up and referral. The number of EPSDT screenings done in local health departments has greatly increased. All EPSDT screenings for children in state custody are done in health department clinics. Enabling services concentrate on access to care, care coordination, home visiting services, and newborn screening follow-up. In selected areas, prenatal care and primary care are available. The care coordination component of CSS provides special support and enables families to better meet their child's needs in a complex health care environment. Statewide home visiting services provide intensive services for pregnant women and families of infants and toddlers that emphasize education, parent support, infant stimulation, assessment and referral to assure that children are healthy, free from child abuse and ready for school. The HUGS home visiting program provides assistance with health care, social and educational needs. EPSDT efforts include the statewide community outreach initiative and Call Center.

b. Population-Based Services:
(max 2500 characters)

Child Fatality Teams in 31 judicial districts review all deaths of children under age 18 and make reports of recommendations for prevention efforts. The state child fatality review team reviews reports from the local teams, analyzes statistics of the incidence and causes of child deaths, and makes recommendations to the Governor and General Assembly to promote the safety and well being of children. The Childhood Lead Poisoning Prevention Program works to identify children with elevated blood lead levels and to educate citizens and health care providers, with the goal of preventing childhood lead poisoning. The Newborn Screening Program has a strong network of tertiary level providers for referral; cystic fibrosis was recently added to the screening panel. New legislation passed last session mandates hearing screening in infants prior to hospital discharge. PRAMS is in year two of data collection with year one findings soon to be available. Fetal-Infant Mortality Review teams are being established in three metro counties and one rural region.

c. Infrastructure Building Services:
(max 2500 characters)

Regional and County Health Councils operate in all 95 counties to assess needs and gaps, develop plans, seek resources, and implement strategies for action. Many of the targeted activities are for the MCH populations. The Tennessee Birth Defects Registry originated as a legislative requirement for the Tennessee Department of Health to maintain an ongoing statewide program for monitoring birth defects. The Department's Immunization Registry combines data from both the public and private sectors in an electronic format. The system permits primary care providers (PCP) to access care specific information to assure that an infant or child's immunization are up to date. Tennessee has a statewide network of Child Care Resources and Referral Centers each of which has a child care health consultant. The centers provide technical assistance, training, consultation, and resources to child care providers to improve the health and safety of child care.

12. The primary Title V Program contact person:

Name Dr. Cathy Taylor, DrPH, MSN, RN

13. The children with special health care needs (CSHCN) contact person:

Name Jacqueline Johnson

Title	Interim MCH Director
Address	425 5 Th Avenue North, CHB, HSA, 4 Th Floor
City	Nashville
State	TN
Zip	37243
Phone	(615) 253-3407
Fax	(615) 532-2286
Email	Cathy.Taylor@tn.gov
Web	

Title	Director, Children's Special Services
Address	425 5 Th Avenue North, CHB, MCH, 5 Th Floor
City	Nashville
State	TN.
Zip	37243
Phone	(615) 741-7353
Fax	(615) 741-1063
Email	Jacqueline.johnson@tn.gov
Web	

FORM NOTES FOR FORM 10

The MCH Director position is currently filled by the Assistant Commisioner of Health, Dr. Cathy Taylor, DrPH, MSN, RN. She is currently in the position capacity as the Interim MCH Director.

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: TN

Form Level Notes for Form 11

Data source is the Tennessee Department of Health. Data source is the state of Tennessee newborn Screening data system. Tennessee Dept. of Children's Services 2007 Youth Risk Behavior Survey In 2007 the State started the PRAMS survey. The data source is CDC Nutrition Surveillance file for this performance measure. The reduction in survey sample size caused the numerator and denominator to be under the 300 range. Data source is the state of Tennessee TennCare EPSDT Data system. Data is 1 year late due to TennCare EPSDT reports. Data source is the 2008 Tennessee Oral Health survey of children ages 5 - 11 years.

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	209	176	180	164	204
Denominator	209	176	180	164	204
Data Source					Tennessee New Born Screening Data system
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p><small>(Explain data in a year note. See Guidance, Appendix IX.)</small></p>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2008
Field Note:
 Data source is the state of Tennessee New Born Screening data system.
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the state of Tennessee New Born Screening data system.
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is the state of Tennessee New Born Screening data system.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	96	70	62	62	62
Annual Indicator	59.3	59.3	60.0	60.7	60.7
Numerator	3,703	3,703	3,807	3,381	3,522
Denominator	6,244	6,244	6,349	5,570	5,802
Data Source					CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	62	62	62	62	62
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	96	75	63	64	65
Annual Indicator	60.0	60.0	60.7	52.7	52.7
Numerator	3,746	3,746	3,857	2,935	3,058
Denominator	6,244	6,244	6,349	5,570	5,802

Data Source

CSHCN Survey

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	65	65	65	65	65

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	96	75	64	64	69
Annual Indicator	62.0	62.0	61.4	67.7	67.7
Numerator	3,871	3,871	3,897	3,771	3,928
Denominator	6,244	6,244	6,349	5,570	5,802
Data Source					CSHCN Survey

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	69	69	70	70	70
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>96</u>	<u>90</u>	<u>82</u>	<u>82</u>	<u>93</u>
Annual Indicator	<u>80.0</u>	<u>80.0</u>	<u>80.8</u>	<u>91.8</u>	<u>91.8</u>
Numerator	<u>4,995</u>	<u>4,995</u>	<u>5,128</u>	<u>5,113</u>	<u>5,326</u>
Denominator	<u>6,244</u>	<u>6,244</u>	<u>6,349</u>	<u>5,570</u>	<u>5,802</u>
Data Source					CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>93</u>	<u>93</u>	<u>93</u>	<u>93</u>	<u>93</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	96	50	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	1,561	1,561	1,561	1,534	1,245
Denominator	1,561	1,561	1,561	1,534	1,245
Data Source	CSHCN Survey				
Do not report the numerator because: 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the National CSHCN Survey.

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	94	95	81	83	88
Annual Indicator	77.2	79.1	86.7	86.7	81.2
Numerator	60,040	90,761	1,300	1,300	220
Denominator	77,773	114,731	1,500	1,500	271

Data Source

NIS survey

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	88	88	89	89	89
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the NIS regarding Tennessee participant. Survey data size for Tennessee is small (271)

2008 survey data is not available but used 2007 data as provisional data.

The reduction in survey sample size caused the numerator and denominator to be under the 300 range.

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data reported in 2007 are pre-populated with the data from 2006 and the CDC Immunization survey and is based on survey sample size for this performance measure.

3. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**Data is from cdc.gov/nipcoverage/nis/05-06.

This data is from the cdc immunization survey and is base on survey sample size.

In 2005 full schedule of appropriate immunization was expanded.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	24	23	27	26.5	26.5
Annual Indicator	26.3	27.5	28.6	27.8	27.3
Numerator	3,057	3,229	3,392	3,361	3,327
Denominator	116,426	117,523	118,599	120,852	122,020

Data Source

Tennessee Health
Statistics system

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	26	25	25	25	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

The data reported in 2008 are pre-populated with the data from 2008 population estimates and the 2008 Tennessee Birth Master file (Tennessee residents only) for this performance measure.

2. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

The data reported in 2007 are pre-populated with the data from 2007 population estimates and the Tennessee Birth Master file for this performance measure.

3. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

Data is from Tennessee Birth Master files.

Data source is the State of Tennessee Health Statistics System.

The increase of 1.2 appears to be a trend that might happen in the U.S. (most states) and consistent with previous years.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	17	25	23	23	24
Annual Indicator	22.0	21.9	22.3	21.8	37.2
Numerator	35,059	71,961	75,789	3,769	366
Denominator	159,359	329,279	339,485	17,256	983
Data Source					Tennessee Oral Health Survey
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you cannot report the numerator because of the reasons above, explain in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	Final				Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>40</u>	<u>40</u>	<u>40</u>	<u>40</u>	<u>40</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the 2008 Tennessee Oral Health Survey of children ages 5 - 11 years.

2. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

Thses data are from the Tennessee (Patient Tracking Billing Medical Informatin System) PTBMIS Database.

3. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

This data is from the of Tennessee (Patient Tracking Billing Medical Informatin System) PTBMIS Database.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	3	3	3	2.5	2.5
Annual Indicator	4.2	4.0	5.4	3.9	3.0
Numerator	50	48	65	47	36
Denominator	1,196,148	1,204,737	1,210,629	1,194,718	1,201,009
Data Source					Tennessee Health Statistics system
Do not report the numerator because there were fewer than 5 events over the last year, and the 3-year moving average over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2008

Field Note:

The data reported in 2008 are population estimates for 2008 (Tennessee resident only) and the Tennessee Death Master file for this performance measure.

2. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

The data reported in 2007 are pre-populated with the data from 2007 population estimates and the Tennessee Death Master file for this performance measure.

3. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2006 population estimates and the Tennessee Death Master file for this performance measure.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			32	34	36
Annual Indicator		29.3	28.0	31.4	24.1
Numerator		440	420	14,705	241
Denominator		1,500	1,500	46,777	1,000
Data Source					CDC/National immunization survey
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you do not report the numerator because of fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5, explain in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	30	30	30	30	30
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the national Immunization survey. Tennessee 24.1 (+/- 6.1)

Percent of 95 % confidence interval.

Source: CDC.gov/breastfeeding/data. The sample size appearing in the NIS breastfeeding table are slightly smaller than numbers published in other NIS publications. The sample was limited to records with valid response to the breastfeeding.

The reduction in survey sample size caused the numerator and denominator to be under the 300 and 1000 range.

2. Section Number: Form11_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data reported in 2007 are pre-populated with the data from 2007 population estimates and the CDC Nutrition Surveillance file for this performance measure.

3. Section Number: Form11_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is national Immunization survey. Source: CDC.gov/breastfeeding/data.

The numerator and denominator are based on estimates.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	98	98	98	98	98
Annual Indicator	97.0	97.0	88.9	91.1	95.0
Numerator	77,202	79,010	80,173	83,570	86,434
Denominator	79,590	81,454	90,155	91,754	90,960
Data Source					2008 New Born Screening Database
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	98	98	98	99	99
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2008
Field Note:
 Data source is the 2008 newborn screening database and data includes births that are Tennessee residents and non Tennessee Residents.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the 2007 newborn screening database and data includes births that are Tennessee residents and non residents.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is the State vital records and Newborn screening registry.
 No law requires hospitals in the state to report on screening.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	7	7	6	6	6
Annual Indicator	10.8	6.4	6.4	6.4	8.0
Numerator	173,220	97,933	97,933	88,283	115,407
Denominator	1,603,892	1,530,196	1,530,196	1,386,911	1,442,593
Data Source					2008 Kids Count Data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the 2008 Kids Count Data.

2. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is National Survey of Children's Health.

93.6 % of children had health insurance according to the survey (WWW.nschdata.org)

3. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is National survey of Children's health.

93.6 % of children had health insurance according to the survey (WWW.nschdata.org)

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			9	9	30
Annual Indicator		10.3	24.2	34.0	15.1
Numerator		20,474	22,265	53,971	11,192
Denominator		197,847	92,164	158,733	74,293
Data Source					TN. State WIC Database
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>14</u>	<u>14</u>	<u>14</u>	<u>12</u>	<u>12</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the Tennessee WIC database and calendar year data. Difference from previous year is due to accuracy of number of 2-5 year old participants and changes in methodology to pull these data.

2. Section Number: Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the State WIC database and is the calendar year data. Variation is due to calendar year data, decrease in the the total number of children within the age group of 2-5 years receiving WIC. Data categories may include children under the age of 2 years to 5 years.

3. Section Number: Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is the State WIC data base and is the calendar year data
 Variation is due to calendar year data and methodology of data count.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			9.7	9	7.5
Annual Indicator		16.2	15.8	19.4	14.9
Numerator		13,158	13,288	16,774	12,728
Denominator		81,454	84,277	86,558	85,443
Data Source					2008 Tennessee provisional Birth master files
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>13</u>	<u>13</u>	<u>13</u>	<u>13</u>	<u>13</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2008
Field Note:
 Data source: 2008 State of Tennessee provisional Birth master files (Tennessee residents only)
 Tennessee Health Statistics system.
- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the State vital records
- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is the State vital records

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6.5	6	6	6	5.2
Annual Indicator	10.3	7.5	8.7	6.9	5.6
Numerator	42	31	36	29	24
Denominator	407,744	411,299	414,947	422,058	426,040
Data Source					2008 Tennessee provisional Death master files
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2008
Field Note:
 Data source: 2008 State of Tennessee provisional Death master files (Tennessee residents only)
 Tennessee Health Statistics system
- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the State vital records registry.
- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is the State vital records registry.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	80	80	80	80	80
Annual Indicator	72.3	68.0	69.3	68.5	68.2
Numerator	815	922	1,045	1,036	940
Denominator	1,128	1,356	1,508	1,513	1,379
Data Source					2008 Tennessee provisional Birth master files
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you do not report the numerator because of fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5, you must include this information in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>70</u>	<u>70</u>	<u>70</u>	<u>70</u>	<u>70</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2008
Field Note:
 Data source: 2008 State of Tennessee provisional Birth master files (Tennessee residents only)
 Tennessee Health Statistics system
- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the State vital records registry.
- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is the State vital records.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	90	90	90	90	90
Annual Indicator	80.4	60.4	62.5	63.7	64.0
Numerator	64,000	49,163	52,684	55,134	54,644
Denominator	79,590	81,454	84,277	86,558	85,443
Data Source					2008 Tennessee provisional Birth master files
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>70</u>	<u>70</u>	<u>70</u>	<u>70</u>	<u>70</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2008
Field Note:
 Data source: 2008 State of Tennessee provisional master files (Tennessee residents only)
 Tennessee Health Statistics system
- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the State vital records registry. The data is estimated.
- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is the State vital records registry.

STATE PERFORMANCE MEASURE # 1

Reduce the percentage of high school students using tobacco (cigarettes and smokeless tobacco).

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	30		28	28	26
Annual Indicator	27.6	25.0	25.0	25.0	15.6
Numerator	515	385	385	385	319
Denominator	1,865	1,540	1,540	1,540	2,041
Data Source					2007 Youth Risk Behavior Survey
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	26	26	26	26	26
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 Youth Risk Behavior Survey

2. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the Tennessee YRBSS conducted by Tennessee Department of Education.

2005 Youth Behavioral Risk Surveillance Survey (YRBSS) was used for 2007 data.

3. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is the Tennessee YRBSS conducted by Tennessee Department of Education.

2005 Youth Behavioral Risk Surveillance Survey (YRBSS) was used to estimate year 2006

STATE PERFORMANCE MEASURE # 2

Reduce the percentage of high school students using alcohol.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	38		36	36	34
Annual Indicator	41.1	41.8	41.8	41.8	35.9
Numerator	772	643	643	644	686
Denominator	1,878	1,540	1,540	1,540	1,909
Data Source					2007 Youth Risk Behavior Survey
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	34	34	34	34	34
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 Youth Risk Behavior Survey

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the Tennessee YRBSS conducted by Tennessee Department of Education
2005 Youth Behavioral Risk Surveillance Survey (YRBSS) was used to estimate year 2007

3. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is the Tennessee YRBS conducted by Tennessee Department of Education
2005 Youth Behavioral Risk Surveillance Survey (YRBSS) was used to estimate year 2006

STATE PERFORMANCE MEASURE # 3

Reduce the incidence of maltreatment of children younger than age 18 including physical, sexual, emotional abuse and neglect to a rate no more than 8 per 1,000.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	7.2	7	7	7	7
Annual Indicator	10.5	11.4	10.7	8.3	7.0
Numerator	15,143	17,500	17,500	13,528	10,039
Denominator	1,437,424	1,530,196	1,635,539	1,635,539	1,442,593
Data Source					Tennessee Dept. of Children's Services,
Is the Data Provisional or Final?	Final				Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the reports from the Tennessee Dept. of Children's Services, Child Protective Services section.

The numerator number is from the Tennessee Dept. of Children's Services, Child Protective Services section.

The total denominator data of 1442593 is from the 2008 KIDS Count data book

2. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

Reports from the Tennessee Department of Children's Services Child Protective Services Section.

3. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

Reports from the Tennessee Department of Children's Services Child Protective Services Section.

STATE PERFORMANCE MEASURE # 4

Increase percentage of children with complete EPSDT annual examinations by 3 percent each year.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	60	80	89	90	92
Annual Indicator	68.1	88.1	88.2	73.3	90.8
Numerator	527,845	663,876	664,879	597,536	705,348
Denominator	775,232	753,474	753,982	814,643	776,652
Data Source					TennCare Data Report
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	92	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the state of Tennessee TennCare EPSDT Data system.

Data is 1 year late due to TennCare EPSDT reports.

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the state of Tennessee TennCare EPSDT Data system.

Data is 1 year late due to TennCare EPSDT reports.

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is State of Tennessee TennCare

STATE PERFORMANCE MEASURE # 5

Reduce the proportion of teens and young adults ages 15 to 24 with chlamydia trachomatis infections attending family planning clinics

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	5.2	5.2	5.2	5.2	5.2
Annual Indicator	6.6	6.9	6.3	6.5	6.2
Numerator	1,809	1,985	1,720	1,578	1,544
Denominator	27,494	28,890	27,346	24,334	25,088
Data Source					State of Tennessee STD infertility project data
Is the Data Provisional or Final?				Final	Final
<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	5.2	5.2	5.2	5.2	5.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

State of Tennessee STD infertility project data system.

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the Tennessee Department of Health.

Data source is the State of Tennessee STD infertility project data system

3. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is the State of Tennessee STD infertility project data system

STATE PERFORMANCE MEASURE # 6

Reduce the number of babies born prematurely.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			12	11	10
Annual Indicator		12.7	12.4	11.7	11.4
Numerator		10,241	10,454	10,162	9,760
Denominator		80,583	84,277	86,558	85,443
Data Source					2008 Provisional Birth master files.
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Provisional Birth master files (Tennessee resident only).
Preterm defined as gestation 17-36 weeks.

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the Tennessee Department of Health.

Data source is the State of Tennessee provisional birth master files, Tennessee residents only.

3. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is Tennessee Birth master files, Tennessee resident only

STATE PERFORMANCE MEASURE # 7

Increase percentage of adolescents with complete Early Periodic Screening, Diagnosis and Treatment(EPSDT) annual examinations by 5% each year.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			50	50	60
Annual Indicator		10.3	9.7	39.4	46.5
Numerator		62,000	58,313	117,570	136,925
Denominator		600,000	600,000	298,233	294,375
Data Source					TennCare Data Report
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	65	65	65	65	65
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the state of Tennessee TennCare EPSDT Data system.

Data is 1 year late due to TennCare EPSDT reports.

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the State of Tennessee EPSDT data System and the Tennessee TennCare data.

Data includes Children age 10-18 years and the data is based on FY 2005-2006

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is the State of Tennessee EPSDT data System and the Tennessee TennCare data.

STATE PERFORMANCE MEASURE # 9

Reduce the number of overweight and obese children and adolescents.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			30	30	30
Annual Indicator		31.9	31.9	39.9	29.6
Numerator		491	491	615	608
Denominator		1,540	1,540	1,540	2,054
Data Source					Tennessee YRBSS survey
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	29	25	25	25	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2008
Field Note:
 Tennessee YRBSS conducted by Tennessee Department of Education.
- Section Number:** Form11_State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the Tennessee YRBSS conducted by Tennessee Department of Education
 2005 Youth Behavioral Risk Surveillance Survey (YRBSS) was used.
- Section Number:** Form11_State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2006
Field Note:
 The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

 Data source is the State of Tennessee Youth Risk Behavior survey

STATE PERFORMANCE MEASURE # 10

Increase the percentage of youth with special health care needs, age 14 and older, who receive formal plans for transition to adulthood.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			100	100	100
Annual Indicator		100.0	100.0	100.0	100.0
Numerator		1,234	1,234	1,534	1,245
Denominator		1,234	1,234	1,534	1,245
Data Source					CSHCN Survey
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the National CSHCN Survey.

2. Section Number: Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is the State of Tennessee CSS data system

3. Section Number: Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is the State of Tennessee CSS data system

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: TN

Form Level Notes for Form 12

2008 TN. Provisional Death files (TN Resident only). 2008 TN. Provisional Birth Master files (TN resident only).

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	7.6	7.5	7.5	7.5	7.5
Annual Indicator	8.6	8.7	8.7	8.2	8.0
Numerator	685	712	729	709	683
Denominator	79,590	81,454	84,277	86,558	85,443

Data Source

2008 Tennessee
provisional
Birth/Death master
files

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	7.5	7.5	7	7	7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2008

Field Note:

2008 TN. Provisional Death files (TN Resident only).

2008 TN. Provisional Birth Master files (TN resident only).

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is state of Tennessee vital records(Tennessee Resident only)

3. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is state of Tennessee vital records(Tennessee Resident only)

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	2.1	2.1	2.1	2.1	2.1
Annual Indicator	2.5	2.2	2.3	2.4	2.2
Numerator	17.5	17.5	16.7	16.4	15.1
Denominator	7	8.1	7.4	6.9	6.8
Data Source					2008 Provisional Birth/Death master files.
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>2.1</u>	<u>2.1</u>	<u>2.1</u>	<u>2.1</u>	<u>2.1</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 TN. Provisional Death files (TN Resident only).

2008 TN. Provisional Birth Master files (TN resident only).

2. Section Number: Form12_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is state of Tennessee vital records(Tennessee Resident only)

3. Section Number: Form12_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is state of Tennessee vital records(Tennessee Resident only)

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	4.4	4.3	4.3	4.3	4.3
Annual Indicator	5.4	5.6	5.8	5.1	4.9
Numerator	430	455	487	440	418
Denominator	79,590	81,454	84,277	86,558	85,443
Data Source					2008 Provisional Death/Birth master files.
Do not report the numerator because there are fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	Final				Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>4.3</u>	<u>4.3</u>	<u>4.3</u>	<u>4.3</u>	<u>4.3</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 TN. Provisional Death files (TN Resident only).

2008 TN. Provisional Birth Master files (TN resident only).

2. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is state of Tennessee vital records(Tennessee Resident only)

3. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is state of Tennessee vital records(Tennessee Resident only)

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	2.7	2.6	2.6	2.6	2.6
Annual Indicator	3.2	3.2	2.9	3.1	3.1
Numerator	255	257	242	269	265
Denominator	79,590	81,454	84,277	86,558	85,443
Data Source					2008 Provisional Death/Birth master files.
Do not report the numerator because: 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>2.6</u>	<u>2.6</u>	<u>2.6</u>	<u>2.6</u>	<u>2.6</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 TN. Provisional Death files (TN Resident only).

2008 TN. Provisional Birth Master files (TN resident only).

2. Section Number: Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is state of Tennessee vital records(Tennessee Resident only)

3. Section Number: Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is state of Tennessee vital records(Tennessee Resident only)

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	8.4	8.3	8	8	8
Annual Indicator	9.1	10.3	8.7	9.9	9.6
Numerator	726	839	729	861	821
Denominator	79,976	81,847	84,277	87,076	85,450
Data Source					2008 Provisional Fetal Death/Birth master files.
Do not report the numerator because there are fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you cannot report the numerator because of the above, explain in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	8	8	8	8	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 TN. Provisional Death files (TN Resident only).

2008 TN. Provisional Fetal Death files (TN Resident only).

2008 TN. Provisional Birth Master files (TN resident only).

2. Section Number: Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is state of Tennessee vital records, 2006-2007 Final Fetal Death, Death and Birthmaster files (Tennessee Resident only)

3. Section Number: Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is state of Tennessee vital records(Tennessee Resident only)

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	18	20	20	15	15
Annual Indicator	22.3	22.1	21.7	20.1	21.5
Numerator	249	249	245	224	241
Denominator	1,117,907	1,124,607	1,130,488	1,114,294	1,120,539

Data Source2008 Provisional
Death master
files/Pop Estimate.

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 TN. Provisional Death files (TN Resident only).

2008 Population Estimates.

2. Section Number: Form12_Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is state of Tennessee vital records

3. Section Number: Form12_Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is state of Tennessee vital records

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: TN

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 15

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

Information was provided by State CSS Program Director.

FIELD LEVEL NOTES

1. **Section Number:** Form13_Main
Field Name: Question1
Row Name: #1. Family members participate on advisory committee or task forces...
Column Name:
Year: 2010
Field Note:
Family members participate on advisory committee or task force for the CYSHCN Program. Reimbursement is provided for travel and lodging. Training and mentoring are also provided in collaboration between CYSHCNs and Family Voices staff and volunteers.
2. **Section Number:** Form13_Main
Field Name: Question2
Row Name: #2. Financial support (...) is offered for parent activities or parent groups.
Column Name:
Year: 2010
Field Note:
Financial support in the form of travel reimbursement, gas cards and on site child care are offered for parent activities and parent groups.
3. **Section Number:** Form13_Main
Field Name: Question3
Row Name: #3. Family members are involved in the Children with Special Health Care Needs...
Column Name:
Year: 2010
Field Note:
Public notices are sent to families of children with special health care needs notifying them of the public hearings and soliciting their involvement and input. The family member that serves on the CSS Advisory Committee provides input at the semi-annual meetings that direct policy for the CYSHCN program.
4. **Section Number:** Form13_Main
Field Name: Question4
Row Name: #4. Family members are involved in service training of CSHCN staff and providers.
Column Name:
Year: 2010
Field Note:
Family members are involved in service training of CSHCN staff and providers. There are several family members that are employed by Family Voices who provide training to CYSHCN's staff. These parents are also CSS Advisory Committee liaisons who provide valuable information to the health care providers that are board members of this committee.
5. **Section Number:** Form13_Main
Field Name: Question5
Row Name: #5. Family members hired as paid staff or consultants to the State CSHCN program...
Column Name:
Year: 2010
Field Note:
There are currently no family members hired as paid staff or consultants to the State CYSHCN program.
6. **Section Number:** Form13_Main
Field Name: Question6
Row Name: #6. Family members of diverse cultures are involved in all of the above activities
Column Name:
Year: 2010
Field Note:
Family members of diverse cultures are involved in all of the above activities.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: TN FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Reduce the number of premature births.
2. Reduce child abuse and neglect.
3. Reduce tobacco use by adolescents.
4. Reduce alcohol use by adolescents.
5. Improve Tennessee's EPSDT screening rates for children.
6. Improve Tennessee's EPSDT screening rates for adolescents.
7. Reduce the STD infection rates including chlamydia infection in adolescents.
8. Reduce the number of overweight and obese children and teens.
9. Reduce the number of pregnant women who smoke.
10. Improve the number of youth with special health care needs who transition successfully to adulthood.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: TN

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	How to integrate programs which have categorical funding streams and have historically worked as categorical, separate programs.	Continuing economic situation and shrinking resources are requiring more streamling of services and programs.	Unknown.
2.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Mentoring for the Director of the Children and Youth with Special Health Care Needs Program.	CSS director is requesting assistance from a more experience director.	Unknown.
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: TN

SP # 1

PERFORMANCE MEASURE:

Reduce the percentage of high school students using tobacco (cigarettes and smokeless tobacco).

STATUS:

Active

GOAL

To decrease the number of high school students using any form of tobacco.

DEFINITION

The number of high school students using any form of tobacco.

Numerator:

Number of high school students using tobacco (cigarettes and smokeless tobacco) each year.

Denominator:

Total number of high school age students who took the Tennessee Youth Tobacco Survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Tennessee Youth Tobacco Survey (YBRSS)

SIGNIFICANCE

Tobacco is identified as a "gateway" drug often leading to experimentation and/or use of other substances known to be harmful to young people. With the recent court settlement with the tobacco companies, and known long term harmful affects of tobacco use on the health status and premature death of the users and persons experiencing second hand smoke. Tennessee will target a reduction in tobacco use by teens.

SP # 2

PERFORMANCE MEASURE:

Reduce the percentage of high school students using alcohol.

STATUS:

Active

GOAL

To reduce the percentage of high school students using alcohol.

DEFINITION

The number of high school students using alcohol as a percentage of the number completing the survey.

Numerator:

The number of high school students who had at least one drink of alcohol on one or more of the past 30 days.

Denominator:

The number of high school students taking the YRBS survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Youth Risk Behavior Survey

SIGNIFICANCE

The State has established two sources of data regarding teen substance use and abuse. The Youth Behavior Risk Survey and a special survey conducted by the Bureau of Alcohol and Drugs in the Tennessee Department of Health. While prior studies indicate that use of these substances changes periodically, any use is prohibited by law and thought to be seriously harmful to young people. Our goal is to reduce substance use by adolescents in Tennessee.

SP # 3

PERFORMANCE MEASURE:

Reduce the incidence of maltreatment of children younger than age 18 including physical, sexual, emotional abuse and neglect to a rate no more than 8 per 1,000.

STATUS:

Active

GOAL

To reduce the incidence of maltreatment of children younger than age 18 including physical, sexual and emotional abuse and neglect to no more than the rate of 8 per 1000.

DEFINITION

Numerator:

The number of children younger than age 18, who are victims of indicated abuse and neglect.

Denominator:

The total number of children under age 18 in a given year.

Units: 1000 **Text:**

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Reports from the Department of Children's Services Child Protective Services Section.

SIGNIFICANCE

Children must be free from abuse and neglect in order to be healthy both physically and emotionally. Maternal and Child Health programs such as home visiting have proven to be effective in reducing abuse and neglect.

SP # <u>4</u>	
PERFORMANCE MEASURE:	Increase percentage of children with complete EPSDT annual examinations by 3 percent each year.
STATUS:	Active
GOAL	To increase the percentage of children with complete EPSDT annual examinations each year.
DEFINITION	<p>The number of children enrolled in TennCare, ages 0 - 21 years, having had an annual examination each year.</p> <p>Numerator: The number of children receiving EPSDT annual examinations</p> <p>Denominator: Number of children ages 0 - 21 years whom are eligible for EPSDT each year.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	TennCare
SIGNIFICANCE	

SP # 5

PERFORMANCE MEASURE:

Reduce the proportion of teens and young adults ages 15 to 24 with chlamydia trachomatis infections attending family planning clinics

STATUS:

Active

GOAL

Reduce chlamydia trachomatis infections among teens and young adults ages 5 to 24 years (per 100) attending family planning clinics.

DEFINITION

Numerator:

Number of teens and young adults identified with chlamydia trachomatis attending family planning clinics.

Denominator:

Total number of teens and young adults tested for chlamydia trachomatis in family planning clinics.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Region IV Chlamydia Screening project, STD Surveillance System

SIGNIFICANCE

The Region IV chlamydia project tracks positivity rates for those clients tested in the project. In Tennessee, all teens and young adults attending family planning clinics are tested for chlamydia. This measure has been changed from SP#8 to reflect the data being collected and to state the method being used to track changes in the population. Past years data have been included for the new measure.

SP # 6

PERFORMANCE MEASURE:

Reduce the number of babies born prematurely.

STATUS:

Active

GOAL

To reduce the number of live births born prematurely.

DEFINITION

Addressing certain known modifiable risk factors of preterm births can improve birth outcomes.

Numerator:

Number of live births with gestation less than 37 weeks in the calendar year.

Denominator:

Total number of live births in the calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 16-11. Reduce preterm births to 7.6%. (Baseline: 11.4 in 1997)

DATA SOURCES AND DATA ISSUES

State's Vital Records

SIGNIFICANCE

Prematurity is the leading cause of neonatal mortality in the U.S. Nearly 50% of preterm births have no known causes, but certain modifiable risk factors (medical, behavioral, and environmental) can be addressed.

SP # 7

PERFORMANCE MEASURE:

Increase percentage of adolescents with complete Early Periodic Screening, Diagnosis and Treatment(EPSDT) annual examinations by 5% each year.

STATUS:

Active

GOAL

To increase the percentage of adolescents with complete EPSDT annual examinations each year.

DEFINITION

The number of teens enrolled in TennCare,ages birth to 20, having had an annual examination each year.

Numerator:

The number of teens aged birth to 20 receiving EPSDT annual examinations.

Denominator:

Number of teens ages birth to 20 whom are eligible for EPSDT examinations each year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

TennCare

SIGNIFICANCE

SP # 9

PERFORMANCE MEASURE:

Reduce the number of overweight and obese children and adolescents.

STATUS:

Active

GOAL

Reduce the number of overweight and obese children and adolescents.

DEFINITION

Increasing healthy eating and physical activity among children and adolescents can reduce the number of children and adolescents who are overweight or obese.

Numerator:

2003 Tennessee Youth Risk Behavior Survey data.

Denominator:

2003 Tennessee Youth Risk Behavior data.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

19-3. Reduce the proportion of children and adolescents who are overweight or obese.

DATA SOURCES AND DATA ISSUES

2005 Tennessee Risk Behavior Survey (YBRSS)

SIGNIFICANCE

Maintenance of a healthy weight is a major goal in the effort to reduce the burden of illness and its consequent reduction in quality of life and life expectancy. Patterns of healthful eating behavior and physical activity begins in childhood.

SP # 10

PERFORMANCE MEASURE:

Increase the percentage of youth with special health care needs, age 14 and older, who receive formal plans for transition to adulthood.

STATUS:

Active

GOAL

To increase the percentage of youth with special health care needs, age 14-21 years, who receive formal plans necessary to transition to adult health care, post high school education, work and independence.

DEFINITION

Numerator:

Number of youth in the Children's Special Services' program, age 14-21 years, who receive formal transition plans.

Denominator:

Number of youth in Children's Special Services, age 14 -21 years during the reporting period.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Objective 16.23: Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

DATA SOURCES AND DATA ISSUES

Tennessee Department of Health's client tracking and encounter system, PTBMIS, will be used to determine what services are provided to the client.

SIGNIFICANCE

The transition from youth to adulthood has become a priority issue in Tennessee. This mirrors national priorities as evidenced by the President's "New Freedom Initiative: Delivering on the Promise" (March 2002). Most children with special health care needs now live to adulthood, but are less likely than their non-disabled peers to complete high school, attend college or to be employed.

FORM NOTES FOR FORM 16

State performance measure 8 has deleted because because activities are covered in National performance measure 15 (Percentage of women who smoke in the last three months of pregnancy) and state -specific data are not available for tracking the use of drugs in pregnancy.

FIELD LEVEL NOTES

1. **Section Number:** Form16_State Performance Measure 8
Field Name: SPM8
Row Name:
Column Name:
Year: 2010
Field Note:
State performance measure 8 has deleted because because activities are covered in National performance measure 15 (Percentage of women who smoke in the last three months of pregnancy) and state -specific data are not available for tracking the use of drugs in pregnancy.

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: TN

Form Level Notes for Form 17

Data source is Final Inpatient Hospital Discharge Tennessee resident only and 2007 population estimates.

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>58.6</u>	<u>28.9</u>	<u>28.9</u>	<u>29.6</u>	<u>29.0</u>
Numerator	<u>2,288</u>	<u>1,366</u>	<u>1,366</u>	<u>1,188</u>	<u>1,155</u>
Denominator	<u>390,312</u>	<u>473,085</u>	<u>473,085</u>	<u>400,744</u>	<u>398,283</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

Data source is Hospital Discharge, Tennessee resident only, and population estimates.

2. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is Final Inpatient Hospital Discharge Tennessee resident only and 2007 population estimates.

3. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is Hospital Discharge Tennessee resident only and population estimates

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>77.5</u>	<u>66.8</u>	<u>62.9</u>	<u>83.6</u>	<u>83.6</u>
Numerator	<u>38,116</u>	<u>52,414</u>	<u>53,033</u>	<u>48,559</u>	<u>48,559</u>
Denominator	<u>49,159</u>	<u>78,503</u>	<u>84,277</u>	<u>58,058</u>	<u>58,058</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

State of Tennessee TennCare (Medicaid) database.

Data source is the state of Tennessee TennCare EPSDT Data system.

Data is 1 year late due to TennCare EPSDT reports.

2. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

State of Tennessee TennCare (Medicaid) database

3. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

State of Tennessee TennCare (medicaid) database

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>95.5</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>535</u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>560</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

These data are those SCHIP children 0-1 on TennCare/SCHIP; total number and those who received at least one EPSDT screen during the year. In addition to these children, SCHIP funds were used for 5,086 member months for ages 0-1 in CoverKids (see section III.A and NPM 13 for details on CoverKids); during this period there were 1,890 well child encounters. CoverKids does not require or track EPSDT screenings for members.

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data are not available; however, SCHIP children in Tennessee are enrollees in both TennCare and in CoverKids.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

Tennessee does not have a separate SCHIP program.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>78.5</u>	<u>74.1</u>	<u>76.8</u>	<u>83.8</u>	<u>85.6</u>
Numerator	<u>61,783</u>	<u>60,360</u>	<u>64,738</u>	<u>72,498</u>	<u>73,144</u>
Denominator	<u>78,696</u>	<u>81,454</u>	<u>84,277</u>	<u>86,558</u>	<u>85,443</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 Provisional Birth Master files.
- Section Number:** Form17_Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is Tennessee Birthmaster file resident only
- Section Number:** Form17_Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is Tennessee Birthmaster file resident only

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>45.9</u>	<u>45.9</u>
Numerator	<u>775,232</u>	<u>758,628</u>	<u>743,387</u>	<u>375,016</u>	<u>375,016</u>
Denominator	<u>775,232</u>	<u>758,628</u>	<u>743,387</u>	<u>816,486</u>	<u>816,486</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Methodology and data source changed for 2007 and 2008.

Numerator - Actual Medicaid data on number receiving a service are not available. As a proxy, used CMS-416 Report, FY 2007, line 9, "Total eligibles receiving at least one initial or periodic screen."

Denominator - Kaiser Family Foundation, TN, Ages 0-19, < 100 % poverty, 2006-2007 (Used as estimate).

2. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Methodology and data source changed for 2007 and 2008.

Numerator - Actual Medicaid data on number receiving a service are not available. As a proxy, used CMS-416 Report, FY 2007, line 9, "Total eligibles receiving at least one initial or periodic screen."

Denominator - Kaiser Family Foundation, TN, Ages 0-19, < 100 % poverty, 2006-2007 (Used as estimate).

3. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is State of Tennessee TennCare (medicaid) data based on eligibility. Data is based on estimation

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	<u>51.4</u>	<u>60.4</u>	<u>37.0</u>	<u>50.6</u>	<u>50.6</u>
Numerator	<u>72,563</u>	<u>86,569</u>	<u>56,418</u>	<u>77,255</u>	<u>77,255</u>
Denominator	<u>141,136</u>	<u>143,367</u>	<u>152,680</u>	<u>152,575</u>	<u>152,575</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

Data sources are the state of Tennessee TennCare EPSDT Data system.

Data are 1 year late due to TennCare EPSDT reports.

2. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is the state of Tennessee TennCare EPSDT Data system.

Data are 1 year late due to TennCare EPSDT reports.

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

State of Tennessee EPSDT database.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>9.0</u>	<u>14.0</u>
Numerator	<u>19,097</u>	<u>19,781</u>	<u>22,392</u>	<u>1,962</u>	<u>2,838</u>
Denominator	<u>19,097</u>	<u>19,781</u>	<u>22,392</u>	<u>21,881</u>	<u>20,343</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

For both 2007 and 2008, the methodology and data sources were changed in response to directives received at the block grant review.

Data sources are CSS program database and federal database of SSI recipients.

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

For both 2007 and 2008, the methodology and data sources were changed in response to directives received at the block grant review.

Data sources are CSS program database and federal database of SSI recipients.

3. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is the Federal program data of State SSI recipients.

Data is based on true number receiving services.

There is change in data methodology since the data was taken from the Federal program SSI database. The Numerator and Denominator are from the Federal SSI database. All numbers are for year 2006.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: TN

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2008	Matching data files	<u>10.4</u>	<u>7.4</u>	<u>9.4</u>
b) <i>Infant deaths per 1,000 live births</i>	2008	Matching data files	<u>10</u>	<u>6.7</u>	<u>8.3</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Matching data files	<u>0</u>	<u>0</u>	<u>85</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Matching data files	<u>0</u>	<u>0</u>	<u>74.1</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: TN

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>19</u>) (Age range <u> </u> to <u> </u>)	2008	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2008	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: TN

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	<u>250</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>19</u>) (Age range <u> </u> to <u> </u>)	2008	<u>250</u> <u>250</u> <u> </u>
c) <i>Pregnant Women</i>	2008	<u>250</u>

FORM NOTES FOR FORM 18

Different data source. data on non Medicaid population is not available.

Data source is Vital Records since we are not able to use a matched data file.

Data linked birth certificate and TennCare file (Medicaid)

Data is currently unavailable for Medicaid and Non- Medicaid population for pregnant women with adequate prenatal care (Kotelchuck index).

The Medicaid and Non Medicaid column with zero indicates that there is no data available for the category.

Title XXI demonstration children, uninsured children with incomes below 200% poverty.

Title XXI is the State Children's health Insurance program. Certain uninsured children in TennCare who meet the SCHIP definition of a 'targeted low income child are counted as SCHIP children" even though they participate in TennCare.

Data are not available from the Medicaid agency or from a matched data file to provide information on prenatal care to the Medicaid and non-Medicaid populations.

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - Medicaid

Field Name: Med_Infant

Row Name: Infants

Column Name:

Year: 2010

Field Note:

Data are from TennCare (Medicaid) website.

2. **Section Number:** Form18_Indicator 06 - Medicaid

Field Name: Med_Children

Row Name: Medicaid Children

Column Name:

Year: 2010

Field Note:

Data are from TennCare (Medicaid) website.

3. **Section Number:** Form18_Indicator 06 - Medicaid

Field Name: Med_Women

Row Name: Pregnant Women

Column Name:

Year: 2010

Field Note:

Data are from TennCare (Medicaid) website.

4. **Section Number:** Form18_Indicator 06 - SCHIP

Field Name: SCHIP_Infant

Row Name: Infants

Column Name:

Year: 2010

Field Note:

Data are from TennCare (Medicaid) website

5. **Section Number:** Form18_Indicator 06 - SCHIP

Field Name: SCHIP_Children

Row Name: SCHIP Children

Column Name:

Year: 2010

Field Note:

Data are from TennCare (Medicaid) website.

6. **Section Number:** Form18_Indicator 06 - SCHIP

Field Name: SCHIP_Women

Row Name: Pregnant Women

Column Name:

Year: 2010

Field Note:

Data are from TennCare (Medicaid) website.

7. **Section Number:** Form18_Indicator 05

Field Name: LowBirthWeight

Row Name: Percent of ow birth weight (<2,500 grams)

Column Name:

Year: 2010

Field Note:

Data linked 2007 birth certificate and TennCare file (Medicaid)

8. **Section Number:** Form18_Indicator 05

Field Name: InfantDeath

Row Name: Infant deaths per 1,000 live births

Column Name:

Year: 2010

Field Note:

Data linked birth certificate and TennCare file (Medicaid)

9. **Section Number:** Form18_Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name:

Year: 2010

Field Note:

Data are not available from the Medicaid agency or from a matched data file to provide information on prenatal care to the Medicaid and Non-Medicaid populations.

The Medicaid and Non Medicaid column with zero indicates that there are no data available for the category.

Data source is Vital Records since we are not able to use a matched data file.

10. **Section Number:** Form18_Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2010

Field Note:

Data are not available from the Medicaid agency or from a matched data file to provide information on prenatal care to the Medicaid and non-Medicaid populations.

The Medicaid and Non Medicaid colum with zero indicates that there are no data available for the category.

Data source is Vital records since we are not able to use a matched data file.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: TN

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	3	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	No
Annual birth defects surveillance system	3	No
Survey of recent mothers at least every two years (like PRAMS)	3	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: TN

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other: Pediatric Nutrition Surveillance (PedNSS)	3	No
WIC program data	3	No
PRAMS	3	No
*Where: 1 = No 2 = Yes, the State participates but the sample size is <u>not</u> large enough for valid statewide estimates for this age group. 3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.		
Notes:		
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.		

FORM NOTES FOR FORM 19

All data is stored in the office of Health Statistics and office of Policy and Planning and Assessment.
The two offices provide all data needs to the MCH section in a consistent basis and timely manner.

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09A
Field Name: BAD
Row Name: Annual linkage of infant birth and infant death certificates
Column Name:
Year: 2010
Field Note:
All data is stored in the office of Health Statistics and office of Policy and Planning and Assessment.
The two offices provide all data needs to the MCH section in a consistent basis and timely manner.
2. **Section Number:** Form19_Indicator 09A
Field Name: BAW
Row Name: Annual linkage of birth certificates and WIC eligibility files
Column Name:
Year: 2010
Field Note:
All data is stored in the office of Health Statistics and office of Policy and Planning Assessment.
The two offices provide all data needs to the MCH section in a consistent basis and timely manner.
3. **Section Number:** Form19_Indicator 09A
Field Name: BAN
Row Name: Annual linkage of birth certificates and newborn screening files
Column Name:
Year: 2010
Field Note:
All data is stored in the office of Health Statistics and office of Policy and Planning Assessment.
The two offices provide all data needs to the MCH section in a consistent basis and timely manner.
4. **Section Number:** Form19_Indicator 09A
Field Name: Discharge
Row Name: Hospital discharge survey for at least 90% of in-State discharges
Column Name:
Year: 2010
Field Note:
All data is stored in the office of Health Statistics and office of Policy and Planning Assessment.
The two offices provide all data needs to the MCH section in a consistent basis and timely manner.
5. **Section Number:** Form19_Indicator 09A
Field Name: BirthDefects
Row Name: Annual birth defects surveillance system
Column Name:
Year: 2010
Field Note:
All data is stored in the office of Health Statistics and office of Policy and Planning Assessment.
The two offices provide all data needs to the MCH section in a consistent basis and timely manner.
6. **Section Number:** Form19_Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2010
Field Note:
All data is stored in the office of Health Statistics and office of Policy and Planning Assessment.
The two offices provide all data needs to the MCH section in a consistent basis and timely manner.
7. **Section Number:** Form19_Indicator 09B
Field Name: YRBSS_09B
Row Name: Youth Risk Behavior Survey (YRBS)
Column Name:
Year: 2010
Field Note:
Data is available from the Tennessee Department of Education
8. **Section Number:** Form19_Indicator 09B
Field Name: Other1_09B
Row Name: Other
Column Name:
Year: 2010
Field Note:
Data is available at the department of health of which MCH is part of the department.
PedNSS data is available online via CDC site.
9. **Section Number:** Form19_Indicator 09A
Field Name: BAM
Row Name: Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files
Column Name:
Year: 2010
Field Note:
All data is stored in the office of Health Statistics and office of Policy and Planning Assessment.
The two offices provide all data needs to the MCH section in a consistent basis and timely manner.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: TN

Form Level Notes for Form 11

Data is estimated from the 2007 Hospital Discharge. Numerator Data source is 2007 Hospital Discharge, Tennessee resident only (Input and Output) and Denominator source is 2007 population estimates.

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	9.0	9.4	9.6	9.4	9.2
Numerator	7,189	7,652	8,100	8,162	7,834
Denominator	79,590	81,454	84,277	86,558	85,443

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2008

Field Note:

Data source is the 2008 Provisional Birth files (Tennessee resident only).

2. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is Tennessee Birthmaster files resident only

3. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is Tennessee Birthmaster files resident only

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data				
	2004	2005	2006	2007	2008	
Annual Indicator	7.3	7.6	7.6	7.5	7.1	
Numerator	5,602	5,968	6,446	6,452	6,078	
Denominator	76,335	78,656	84,277	86,558	85,443	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2.The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Provisional	

Field Level Notes

- Section Number:** Form20_Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2008
Field Note:
Data source is the 2008 Provisional Birth files (Tennessee Resident).
- Section Number:** Form20_Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2007
Field Note:
Data source is Tennessee Birthmaster files resident only
- Section Number:** Form20_Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2006
Field Note:
Data source is Tennessee Birthmaster files resident only

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data				
	2004	2005	2006	2007	2008	
Annual Indicator	<u>1.7</u>	<u>1.7</u>	<u>1.8</u>	<u>1.7</u>	<u>1.6</u>	
Numerator	<u>1,343</u>	<u>1,354</u>	<u>1,508</u>	<u>1,513</u>	<u>1,379</u>	
Denominator	<u>79,590</u>	<u>81,454</u>	<u>84,277</u>	<u>86,558</u>	<u>85,443</u>	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Provisional	

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the 2008 Provisional Birth files (Tennessee Resident).

2. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is Tennessee Birthmaster files resident only

3. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is Tennessee birth master files resident only

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data				
		2004	2005	2006	2007	2008
Annual Indicator		<u>1.1</u>	<u>1.3</u>	<u>1.4</u>	<u>1.3</u>	<u>1.2</u>
Numerator		<u>827</u>	<u>1,029</u>	<u>1,166</u>	<u>1,159</u>	<u>1,045</u>
Denominator		<u>76,335</u>	<u>78,656</u>	<u>84,277</u>	<u>86,558</u>	<u>85,443</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is the 2008 Provisional Birth files (Tennessee Resident).

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is Tennessee Birthmaster files resident only

3. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is Tennessee Birth master files resident only

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>12.4</u>	<u>12.6</u>	<u>7.0</u>	<u>8.0</u>	<u>7.2</u>
Numerator	<u>148</u>	<u>150</u>	<u>85</u>	<u>96</u>	<u>86</u>
Denominator	<u>1,196,148</u>	<u>1,188,005</u>	<u>1,210,629</u>	<u>1,194,718</u>	<u>1,201,099</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

Data source is the 2008 Provisional Death files (Tennessee Resident).
 2008 Population estimates.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is Tennessee Health statistics Death file resident only and population estimates.

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is Tennessee Health statistics Death file resident only and population estimates.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	4.8	5.0	2.7	3.3	3.0
Numerator	57	59	33	39	36
Denominator	1,196,148	1,188,005	1,210,629	1,194,718	1,201,099

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

Data source is the 2008 Provisional Death files (Tennessee Resident).

2008 Population estimates.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is Tennessee Health statistics Death file resident only and population estimates

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is Tennessee Health statistics death files resident only and population estimates

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	41.1	45.6	20.9	30.8	25.4
Numerator	332	372	172	257	213
Denominator	808,140	815,796	821,651	833,229	839,914

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

Data source is the 2008 Provisional Death files (Tennessee Resident).
 2008 Population estimates.

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is Tennessee Health Statistics Death file resident only and population estimates

3. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is Tennessee Health Statistic (Death Files) resident only and population estimates

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	<u>13,209.1</u>	<u>13,350.1</u>	<u>13,135.9</u>	<u>13,239.4</u>	<u>13,239.4</u>
Numerator	<u>158,000</u>	<u>158,600</u>	<u>158,253</u>	<u>158,173</u>	<u>158,173</u>
Denominator	<u>1,196,148</u>	<u>1,188,005</u>	<u>1,204,737</u>	<u>1,194,718</u>	<u>1,194,718</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

Data is estimated from the 2007 Hospital Discharge data.

Numerator Data source is 2007 Hospital Discharge, Tennessee resident only (Input and Output) and Denominator is 2007 population estimates.

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is 2007 Hospital Discharge, Tennessee resident only (Input and Output) and 2007 population estimates.

3. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is Hospital Discharge Tennessee resident only and population estimates

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>733.4</u>	<u>723.2</u>	<u>797.2</u>	<u>819.3</u>	<u>819.3</u>
Numerator	<u>8,772</u>	<u>8,650</u>	<u>9,604</u>	<u>9,788</u>	<u>9,788</u>
Denominator	<u>1,196,148</u>	<u>1,196,148</u>	<u>1,204,737</u>	<u>1,194,718</u>	<u>1,194,718</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

Data is estimated from the 2007 Hospital Discharged.

Numerator Data source is 2007 Hospital Discharge, Tennessee resident only (Input and Output) and Denominator source is 2007 population estimates.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator Data source is 2007 Hospital Discharge, Tennessee resident only (Input and Output) and Denominator source is 2007 population estimates.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is Hospital Discharge Tennessee resident only and population estimates

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>4,033.0</u>	<u>4,033.1</u>	<u>3,461.5</u>	<u>3,472.0</u>	<u>3,472.0</u>
Numerator	<u>32,592</u>	<u>32,625</u>	<u>28,239</u>	<u>28,930</u>	<u>28,930</u>
Denominator	<u>808,140</u>	<u>808,940</u>	<u>815,796</u>	<u>833,229</u>	<u>833,229</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

Data is estimated from the 2007 Hospital Discharged data.

Data source is 2007 Hospital Discharge, Tennessee resident only (Input and Output) and 2007 population estimates.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is Hospital Discharge Tennessee resident only.

Data source is 2007 Hospital Discharge, Tennessee resident only (Input and Output) and 2007 population estimates.

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

data source is Hospital discharge final inpatients (TN residents only)

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>33.2</u>	<u>33.2</u>	<u>36.5</u>	<u>40.0</u>	<u>40.6</u>
Numerator	<u>6,594</u>	<u>6,648</u>	<u>7,373</u>	<u>8,153</u>	<u>8,422</u>
Denominator	<u>198,363</u>	<u>200,015</u>	<u>201,861</u>	<u>203,767</u>	<u>207,373</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

Data source is the state STD program surveillance which is the Communicable Disease Surveillance system and the 2008 Population estimates.

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is the state STD program surveillance which is the Communicable Disease Surveillance system. and the 2007 Population estimates.

3. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is the state STD program surveillance which is the Communicable Disease Surveillance system.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>8.6</u>	<u>8.7</u>	<u>10.1</u>	<u>10.4</u>	<u>11.0</u>
Numerator	<u>9,035</u>	<u>9,092</u>	<u>10,539</u>	<u>10,859</u>	<u>11,468</u>
Denominator	<u>1,047,782</u>	<u>1,046,385</u>	<u>1,043,888</u>	<u>1,041,926</u>	<u>1,045,545</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

Data source is the state STD program surveillance which is the Communicable Disease Surveillance system and the 2008 Population estimates.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is the state STD program surveillance which is the Communicable Disease Surveillance system and the 2007 Population estimates.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is the state STD program surveillance which is the Communicable Disease Surveillance system.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: TN

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	80,470	60,727	17,857	0	0	0	0	1,886
Children 1 through 4	322,836	244,687	70,459	0	0	0	0	7,690
Children 5 through 9	395,254	299,944	86,320	0	0	0	0	8,990
Children 10 through 14	402,449	306,505	88,006	0	0	0	0	7,938
Children 15 through 19	426,040	330,783	87,991	0	0	0	0	7,266
Children 20 through 24	413,874	325,541	79,594	0	0	0	0	8,739
Children 0 through 24	2,040,923	1,568,187	430,227	0	0	0	0	42,509

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	76,515	3,955	0
Children 1 through 4	305,542	17,294	0
Children 5 through 9	374,681	20,573	0
Children 10 through 14	385,870	16,579	0
Children 15 through 19	410,978	15,062	0
Children 20 through 24	396,030	17,844	0
Children 0 through 24	1,949,616	91,307	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: TN

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	150	51	82	0	0	0	0	17
Women 15 through 17	3,327	1,714	1,212	0	0	0	0	401
Women 18 through 19	7,809	4,771	2,372	0	0	0	0	666
Women 20 through 34	65,436	44,971	13,154	0	0	0	0	7,311
Women 35 or older	8,610	6,289	1,281	0	0	0	0	1,040
Women of all ages	85,332	57,796	18,101	0	0	0	0	9,435

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	128	22	0
Women 15 through 17	2,943	384	0
Women 18 through 19	7,158	651	0
Women 20 through 34	59,183	6,253	0
Women 35 or older	7,892	718	0
Women of all ages	77,304	8,028	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: TN

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	683	395	273	0	0	0	0	15
Children 1 through 4	117	71	43	0	0	0	0	3
Children 5 through 9	55	33	21	0	0	0	0	1
Children 10 through 14	69	48	21	0	0	0	0	0
Children 15 through 19	290	205	79	0	0	0	0	6
Children 20 through 24	451	335	109	0	0	0	0	7
Children 0 through 24	1,665	1,087	546	0	0	0	0	32

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	630	53	0
Children 1 through 4	108	9	0
Children 5 through 9	52	3	0
Children 10 through 14	67	2	0
Children 15 through 19	280	10	0
Children 20 through 24	412	39	0
Children 0 through 24	1,549	116	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: TN

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	1,627,049	1,242,646	350,633	0	0	0	0	33,770	2008
Percent in household headed by single parent	33.0	0.0	0.0	0.0	0.0	0.0	0.0	33.0	2008
Percent in TANF (Grant) families	8.7	35.9	63.4	0.0	0.5	0.0	0.1	0.0	2008
Number enrolled in Medicaid	816,486	0	0	0	0	0	0	816,486	2008
Number enrolled in SCHIP	0	0	0	0	0	0	0	0	2008
Number living in foster home care	11,366	8,586	2,463	25	16	9	260	7	2008
Number enrolled in food stamp program	430,096	259,550	165,505	744	2,922	342	1,033	0	2008
Number enrolled in WIC	325,805	189,790	88,759	82	1,897	0	0	45,277	2008
Rate (per 100,000) of juvenile crime arrests	91.0	0.0	0.0	0.0	0.0	0.0	0.0	91.0	2008
Percentage of high school drop-outs (grade 9 through 12)	0.1	41.9	54.8	0.1	0.5	0.1	0.0	0.1	2008

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	1,553,586	73,463	0	2008
Percent in household headed by single parent	0.0	0.0	0.3	2008
Percent in TANF (Grant) families	98.1	1.9	0.0	2008
Number enrolled in Medicaid	0	0	816,486	2008
Number enrolled in SCHIP	0	0	0	2008
Number living in foster home care	10,681	431	254	2008
Number enrolled in food stamp program	404,987	25,110	0	2008
Number enrolled in WIC	208,528	45,277	0	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	91.0	2008
Percentage of high school drop-outs (grade 9 through 12)	97.4	2.6	0.0	2008

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: TN

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	1,039,089
Living in rural areas	587,960
Living in frontier areas	0
Total - all children 0 through 19	1,627,049

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: TN

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	6,144,738.0
Percent Below: 50% of poverty	6.1
100% of poverty	14.5
200% of poverty	34.5

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: TN

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,627,049.0
Percent Below: 50% of poverty	8.0
100% of poverty	17.6
200% of poverty	41.0

FORM NOTES FOR FORM 21

Data source is the 2008 population estimate.
Women of all ages includes those records with age unknown.
Data source is the State of Tennessee provisional birth master files (Tennessee residents only).
Tennessee classifies demographic areas in two categories namely rural and urban areas.
State data and U.S. census data source.

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2010
Field Note:
Data source is the 2008 population estimate.
2. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2010
Field Note:
Data source is the 2008 population estimate.
3. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2010
Field Note:
Data source is the 2008 population estimate.
4. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2010
Field Note:
Data source is the 2008 population estimate.
5. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2010
Field Note:
Data source is the 2008 population estimate.
6. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2010
Field Note:
Data source is the 2008 population estimate.
7. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2010
Field Note:
Data source is the 2008 population estimate.
8. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2010
Field Note:
Data source is the 2008 population estimate.
9. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2010
Field Note:
Data source is the 2008 population estimate.
10. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2010
Field Note:
Data source is the 2008 population estimate.
11. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2010
Field Note:

Data source is the 2008 population estimate.

12. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2010
Field Note:
Data source is the 2008 population estimate.
13. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2010
Field Note:
Women of all ages includes those records with age unknown.
Data source is the State of Tennessee provisional birth master files (Tennessee residents only).
14. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2010
Field Note:
Women of all ages includes those records with age unknown.
Data source is the State of Tennessee provisional birth master files (Tennessee residents only).
15. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2010
Field Note:
Women of all ages includes those records with age unknown.
Data source is the State of Tennessee provisional birth master files (Tennessee residents only).
16. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2010
Field Note:
Women of all ages includes those records with age unknown.
Data source is the State of Tennessee provisional birth master files (Tennessee residents only).
17. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women35
Row Name: Women 35 or older
Column Name:
Year: 2010
Field Note:
Women of all ages includes those records with age unknown.
Data source is the State of Tennessee provisional birth master files (Tennessee residents only).
18. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women15
Row Name: Women < 15
Column Name:
Year: 2010
Field Note:
Women of all ages includes those records with age unknown.
Data source is the State of Tennessee provisional birth master files (Tennessee residents only).
19. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2010
Field Note:
Women of all ages includes those records with age unknown.
Data source is the State of Tennessee provisional birth master files (Tennessee residents only).
20. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2010
Field Note:
Women of all ages includes those records with age unknown.
Data source is the State of Tennessee provisional birth master files (Tennessee residents only).
21. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2010
Field Note:
Women of all ages includes those records with age unknown.
Data source is the State of Tennessee provisional birth master files (Tennessee residents only).
22. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women35
Row Name: Women 35 or older
Column Name:
Year: 2010

Field Note:

Women of all ages includes those records with age unknown.

Data source is the State of Tennessee provisional birth master files (Tennessee residents only).

23. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2010
Field Note:
Data source is 2008 Death files (Tennessee residents only)
Ages less than 1 year only.
24. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2010
Field Note:
Data source is 2008 Death files (Tennessee residents only)
25. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2010
Field Note:
Data source is 2008 Death files (Tennessee residents only)
26. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2010
Field Note:
Data source is 2008 Death files (Tennessee residents only)
27. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2010
Field Note:
Data source is 2008 Death files (Tennessee residents only)
28. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2010
Field Note:
Data source is 2008 Death files (Tennessee residents only)
29. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2010
Field Note:
Data source is 2008 Death files (Tennessee residents only)
Ages less than 1 year only.
30. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2010
Field Note:
Data source is 2008 Death files (Tennessee residents only)
31. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2010
Field Note:
Data source is 2008 Death files (Tennessee residents only)
32. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2010
Field Note:
Data source is 2008 Death files (Tennessee residents only)
33. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2010
Field Note:
Data source is 2008 Death files (Tennessee residents only)
34. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children20to24

Row Name: children 20 through 24
Column Name:
Year: 2010
Field Note:
Data source is 2008 Death files (Tennessee residents only)

35. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2010
Field Note:
Data source is the 2008 population estimate.
State data and U.S. census data source.
36. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2010
Field Note:
Data source is the 2008 population estimate.
State data and U.S. census data source.
37. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2010
Field Note:
Data source is the 2008 population estimate.
State data and U.S. census data source.
38. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2010
Field Note:
Data source is TennCare data report. Data are not currently categorized by race.
39. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2010
Field Note:
No data available, SCHIP included in total TennCare.
40. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2010
Field Note:
Data source is the State of Tennessee Food Stamp program.
41. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2010
Field Note:
Data source is the State of Tennessee WIC program.
42. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2010
Field Note:
Data source is the state of Tennessee statewide report card (2008 KIDS Count Data). 1419 detained and committed youth in custody in year 2006 according to KIDS count data and at a rate of 91/100,000 youth.
43. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2010
Field Note:
Data source is the state of Tennessee statewide report card (2008 KIDS Count Data).
44. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_Children
Row Name: All children 0 through 19
Column Name:
Year: 2010
Field Note:
Data source is the 2008 population estimate.
State data and U.S. census data source.
45. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2010

Field Note:

Data source is the 2008 population estimate.
State data and U.S. census data source.

46. Section Number: Form21_Indicator 09B**Field Name:** HSIEthnicity_TANFPercent**Row Name:** Percent in TANF (Grant) families**Column Name:****Year:** 2010**Field Note:**

Data source is the 2008 population estimate.
State data and U.S. census data source.

47. Section Number: Form21_Indicator 09B**Field Name:** HSIEthnicity_MedicaidNo**Row Name:** Number enrolled in Medicaid**Column Name:****Year:** 2010**Field Note:**

Data source is TennCare data report.

48. Section Number: Form21_Indicator 09B**Field Name:** HSIEthnicity_SCHIPNo**Row Name:** Number enrolled in SCHIP**Column Name:****Year:** 2010**Field Note:**

No data available since the State of Tennessee does not have a separate SCHIP program.

49. Section Number: Form21_Indicator 09B**Field Name:** HSIEthnicity_FoodStampNo**Row Name:** Number enrolled in food stamp program**Column Name:****Year:** 2010**Field Note:**

Data source is the State of Tennessee Food Stamp program.

50. Section Number: Form21_Indicator 09B**Field Name:** HSIEthnicity_WICNo**Row Name:** Number enrolled in WIC**Column Name:****Year:** 2010**Field Note:**

Data source is the State of Tennessee WIC program.

51. Section Number: Form21_Indicator 09B**Field Name:** HSIEthnicity_JuvenileCrimeRate**Row Name:** Rate (per 100,000) of juvenile crime arrests**Column Name:****Year:** 2010**Field Note:**

Data source is the state of Tennessee statewide report card (2008 KIDS Count Data). 1419 detained and committed youth in custody in year 2006 according to kids count data and at a rate of 91/100,000 youth.

52. Section Number: Form21_Indicator 09B**Field Name:** HSIEthnicity_DropOutPercent**Row Name:** Percentage of high school drop-outs (grade 9 through 12)**Column Name:****Year:** 2010**Field Note:**

Data source is the state of Tennessee statewide report card (2008 KIDS Count Data).

53. Section Number: Form21_Indicator 10**Field Name:** Metropolitan**Row Name:** Living in metropolitan areas**Column Name:****Year:** 2010**Field Note:**

Data source is the 2008 population estimate.
Tennessee classifies demographic areas in two categories namely rural and urban areas.
State data and U.S. census data source.

54. Section Number: Form21_Indicator 10**Field Name:** Urban**Row Name:** Living in urban areas**Column Name:****Year:** 2010**Field Note:**

Data source is the 2008 population estimate.
Tennessee classifies demographic areas in two categories namely rural and urban areas.
State data and U.S. census data source.

55. Section Number: Form21_Indicator 10**Field Name:** Rural**Row Name:** Living in rural areas**Column Name:****Year:** 2010**Field Note:**

Data source is the 2008 population estimate.
Tennessee classifies demographic areas in two categories namely rural and urban areas.
State data and U.S. census data source.

56. Section Number: Form21_Indicator 10**Field Name:** Frontier**Row Name:** Living in frontier areas**Column Name:**

Year: 2010

Field Note:

Data source is the 2008 population estimate.

Tennessee classifies demographic areas in two categories namely rural and urban areas.

State data and U.S. census data source.

57. Section Number: Form21_Indicator 11

Field Name: S11_total

Row Name: Total Population

Column Name:

Year: 2010

Field Note:

Data source is the 2008 population estimate.

State data and U.S. census data source.

58. Section Number: Form21_Indicator 11

Field Name: S11_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2010

Field Note:

Data source is the 2008 population estimate.

State data and U.S. census data source.

59. Section Number: Form21_Indicator 11

Field Name: S11_100percent

Row Name: 100% of poverty

Column Name:

Year: 2010

Field Note:

Data source is the 2008 population estimate.

State data and U.S. census data source.

60. Section Number: Form21_Indicator 11

Field Name: S11_200percent

Row Name: 200% of poverty

Column Name:

Year: 2010

Field Note:

Data source is the 2008 population estimate.

State data and U.S. census data source.

61. Section Number: Form21_Indicator 12

Field Name: S12_Children

Row Name: Children 0 through 19 years old

Column Name:

Year: 2010

Field Note:

State data and U.S. census data source.

Data source is the 2008 population estimate.

62. Section Number: Form21_Indicator 12

Field Name: S12_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2010

Field Note:

Data source is the 2008 population estimate.

State data and U.S. census data source.

63. Section Number: Form21_Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2010

Field Note:

Data source is the 2008 population estimate.

State data and U.S. census data source.

64. Section Number: Form21_Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2010

Field Note:

Data source is the 2008 population estimate.

State data and U.S. census data source.

65. Section Number: Form21_Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2010

Field Note:

Data source is the state of Tennessee statewide report card (2008 KIDS Count Data).

66. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2010

Field Note:

Data source is the state of Tennessee statewide report card (2008 KIDS Count Data).